



**COSTA MESA FIRE & RESCUE
CITIZEN'S FIRE ACADEMY &
COMMUNITY EMERGENCY RESPONSE TEAM
REGISTRATION FORM**



NAME: _____

ADDRESS: _____
(City) (Zip)

WORK ADDRESS: _____
(City) (Zip)

TELEPHONE NUMBERS: _____ / _____
(Home) (Work)

EMAIL: _____

DRIVER'S LICENSE# _____ STATE _____ EXP. DATE _____

OCCUPATION _____

EMERGENCY CONTACT NAME: _____

PHONE: _____ ALTERNATE PHONE: _____

Which program (s) are you interested in?

Citizen's Fire Academy (Hours vary) _____ CERT (20-hours) _____

WHICH COURSE DELIVERY INTERESTS YOU?

_____ Weeknight Course (example: 6-9 pm over multiple evenings for multiple weeks. Preferred day: _____)

_____ Weekend Course (example: Friday evening 6-10 pm, and full Saturday and Sunday 830 am to 430 pm)

_____ Variation of weeknight (example: 6-9 pm) and weekend day (example: ½ day Saturday)

I consent to a criminal records check and/or fingerprints (taken by CMPD) if required for eligibility to participate in CERT activities or the Costa Mesa Citizen's Fire Academy. I agree to abide by all rules and regulations while participating.

Applicant's Signature _____ Date _____

**MAIL, PDF, FAX OR DELIVER APPLICATION TO: Citizen's Fire Academy/CERT ~ Attn: Brenda Emrick -
MAIL: Costa Mesa Fire & Rescue, Fire Administration, 77 Fair Drive, Costa Mesa, CA 92626 Fax: 714.327.7408 or
Brenda.emrick@costamesaca.gov**